19-13-09

PTO/SB/30 (09-04)
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Request For Continued Examination (RCE) Transmittal

Address to: MS RCE Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

22511

PATENT TRADEMARK OFFICE

•	
Application Number	10/008,688-Conf. #7402
Filing Date	November 8, 2001
First Named Inventor	Chiharu Matsukawa
Art Unit	3651
Examiner Name	P. H. Mackey
Attorney Docket Number	04995/039001
Autories Docker Number	0-1000/000001

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

8, 1995, or to any design application.							
Submission required under 37 CFR 1.114 Note: If the RCE is proper, a amendments enclosed with the RCE will be entered in the order in which they we applicant does not wish to have any previously filed unentered amendment(s) enamendment(s).	ere filed unless applicant instructs otherwise. If						
a. x Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
i. Consider the arguments in the Appeal Brief or Reply Brief p	i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on						
ii. X Other Response to Office Action Mailed Decemb	ii. X Other Response to Office Action Mailed December 3, 2004						
b. Enclosed							
i. Amendment/Reply iii. Information	Disclosure Statement (IDS)						
ii. Affidavit(s)/Declaration(s) iv. Other							
2. Miscellaneous							
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a							
period of months. (Period of suspension shall not ex	ceed 3 months; Fee under 37 CFR 1.17(i) required)						
b. Other							
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114	vhen the RCE is filed.						
a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. I have enclosed a duplicate copy of this sheet.							
i. X RCE fee required under 37 CFR 1.17(e)							
ii. Extension of time fee (37 CFR 1.136 and 1.17)							
🗖 👊							
b. Check in the amount of \$ enclosed							
c. X Payment by credit card (Form PTO-2038 enclosed)	000						
SIGNATURE-OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Signature	AGENT REQUIRED 59 Date December 10, 2004						
Name (Print/Type) Jonathan P. Osha	Registration No. 33,986						

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No.EV576721015US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 10, 2004

Signature: Brenda C. McFadden)

Mail Date Incel

PE COSTRADENTES

FEE TRANSMITTAL

For FY 2005

(Reflects USPTO filing fees in effect from 12/__/04)

Applicant claims small entity status. See 37 CFR 1.27

(\$) 790.00

TOTAL AMOUNT OF PAYMENT

 Complete if Known

 Application Number
 10/008,688-Conf. #7402

 Filing Date
 November 8, 2001

 First Named Inventor
 Chiharu Matsukawa

 Examiner Name
 P. H. Mackey

 Art Unit
 3651

 Attomey Docket No.
 04995/039001

TOTAL AMOUNT OF PATIVILIS	Auditiey Docket No.	-				
METHOD OF PAYMEN	FEE CALCULATION (continued)					
Check X Credit C	ard Mo	oney Order	2. EXTRA CLAIM FEES			Small Entity
x Deposit Account	No	ne	Fee Description		Fee (\$)	Fee (\$)
Deposit Account Number 50-0	591		Each claim over 20		50	25
Deposit Account Osha & May L.L.P.			Each independent claim over	3	200	100
Name			Multiple dependent claims		360	180
The Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below			For Reissues, each claim over 20 and more than in the original patent			25
Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or any underpayment of fee(s)			For Reissues, each independe more than in the original p		200	100
x under 37 CFR 1.16 and 1.17 x Credit any overpayments			Total Claims	tus Claims	500 (f)	Foe Boid (C)
to the above-identified deposit accour	nt.		Total Claims Ex	tra Claims x	<u>Fee (\$)</u>	Fee Paid (\$)
Other (please identify):	UI ATION		Indep. Claims Ex	tra Claims	Fee (\$)	Fee Paid (\$)
FEE CALC	ULATION			^		
1. BASIC FILING FEE	Smal Entit	Ž	Multiple Dependent Claim	<u>5</u>	Fee (\$)	Fee Paid (\$)
	<u>ee (\$) Fee (</u>	Fee Paid (\$)		6.1		
ound, and a	300 150			Sub	total (2) \$	0.00
	200 100		3. OTHER FEES	_	mall Entity	
1	200 100		Fee Description	Fee (\$)	Fee (\$)	Fee Paid
Reissue Filing Fee	300 150		1-month extension of time	120	60	
	200 100		2-month extension of time	450	225	
1a. ADDITIONAL FILING FEES			3-month extension of time	1020	510	
5 mm, 5 mm 1 mm	500 250		4-month extension of time	1,590	795	
Design Search Fee Plant Search Fee	100 50 300 150		5-month extension of time Information disclosure stmt. fee	2,160 180	1,080 180	
1	500 250			50	50	
	200 100		37 CFR 1.17(q) processing fee Non-English specification	130	130	
1 '	130 65		· ·	500	250	
Design Examination Fee Plant Examination Fee	160 80		Notice of Appeal Filing a brief in support of appeal		250	
1	600 300		Request for oral hearing	1,000	500	-
4 th of the 1	250 125		'	1,000	500	
addt'l 50 sheets > 100 sheets	Other: Request for Continu	ed Examination	1	790.00		
Subtotal (1		Sub	total (3)	790.00		
SUBMITTED BY						
Signature			Registration No. 22 096			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576721015US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below

Dated: December 10, 2004

Name (Print/Type)

Jonathan P. Osha

Signature (Brenda C. McFadden)

Date

December 10, 2004



FEE SUMMARY SHEET

Transmittal -- Request for Continued Examination (RCE) (PTO SB-30)

Date:

December 10, 2004

11:09 AM

ocket: 04995/039001

Filing Date:

November 8, 2001

Application No:

10/008,688

Total Fee: \$ 790.00

Code	Amount	37 CFR	Fee Description	Listed on
1801	790.00	1.17(e)	Request for continued examination (RCE) (see 37 CFR 1.114)	Transmittal Request for Continued Examination (RCE) (PTO SB-30)